TO BE COMPLETED BY PHYSICIAN/CLINIC

REPORT OF BLOOD-LEAD TEST

To be completed and mailed the day of blood-lead testing

The Washington State Occupational Blood Lead Registry is maintained in order to increase awareness about lead exposure and its health effects among employees and employers.

**** * * All information in the registry is strictly confidential * * ****

<u>To the provider</u>: Please complete the portion below and ask your patient to complete the reverse side. Promptly mailing this form will help our efforts to prevent occupational overexposure. It will also help us to avoid phone follow-up at a later date, which may be disruptive to you and your staff.

TODAY'S DATE **(MM/DD/YYYY)**	**PHYSICIAN NAME**	**TELEPHONE**
/ /	First Last	( ) -
CLINIC/DOCTOR'S OFFICE		
ADDRESS		
Street	**City**	**State** **Zip**

TO BE COMPLETED BY PHYSICIAN/CLINIC

(Patient information on reverse side)

TO BE COMPLETED BY PATIENT

The Washington State Occupational Blood Lead Registry is maintained in order to increase awareness about lead exposure and its health effects among employees and employers.

**** * * All information in the registry is strictly confidential * * ****

To the patient: Please complete this form now and return it to your doctor. If you find reading or writing difficult, ask someone for help. The information that you provide us will help us to prevent lead poisoning in Washington State workplaces. ***We will not release this information to anyone without your permission.***

YOUR NAME

First Middle Initial Last

HOME PHONE

( ) -

HOME ADDRESS

Street City State Zip County

DATE OF BIRTH (M/D/Y)

/ /

GENDER

❑ Male ❑ Female

Would you like us to send your employer information about reducing lead exposures in the workplace? (We would not release your name to your employer)

❑ Yes ❑ No

WHAT IS YOUR OCCUPATION?

- ❑ Radiator Repairer
- ❑ Sand Blaster
- ❑ Welder
- ❑ Painter
- ❑ Glass
  - ❑ Glazier
  - ❑ Grinding
- ❑ Battery
  - ❑ Builder
  - ❑ Checker
- ❑ Other (state below)

_____

_____

WHAT TYPE OF BUSINESS/INDUSTRY DO YOU WORK IN?

- ❑ Auto Repair and Services
- ❑ General/Heavy Construction
- ❑ Battery Manufacturing
- ❑ Glass Products Manufacturing
- ❑ Chemical Manufacturing
- ❑ Other (state below)

_____

_____

PLEASE CHECK ANY ACTIVITIES/ HOBBIES YOU HAVE PARTICIPATED IN DURING THE LAST SIX MONTHS

- ❑ Firing Range/Making Bullets
- ❑ Making Fishing Weights
- ❑ House Remodeling
- ❑ Pottery
- ❑ Stained Glass

PLEASE DESCRIBE THE MAIN TASKS YOU PERFORM AT YOUR JOB

1. Are you a supervisor? ❑ Yes ❑ No
2. Did your employer ask you to get this blood test? ❑ Yes ❑ No
3. Are any children under 6 living in your household? ❑ Yes ❑ No
4. Is any household member pregnant or nursing? ❑ Yes ❑ No

Are you of Hispanic origin?

❑Yes ❑No

What race are you?

- ❑ American Indian, Alaskan Native
- ❑ Asian
- ❑ Black
- ❑ White
- ❑ Native Hawaiian or other Pacific Islander race
- ❑ Other

COMPANY NAME / TELEPHONE

Name ( ) - Phone

COMPANY LOCATION (City)

Thank you for your assistance. If you have any questions or comments, or if you would like more information on occupational lead exposure, please call our toll-free line at (888) 667-4277. Please send this form to:

Safety and Health Assessment and Research for Prevention (SHARP)
P O Box 44330
Olympia WA 98504-4330

TO BE COMPLETED BY PATIENT

(Physician information on reverse side)